PETITION FOR THE WITHDRAWAL OF PERMIT PARKING CITY OF COLLEGE PARK, MARYLAND (MUST BE PRINTED LEGIBLY)

DATE: _____

XX		
we, the residents of	(Location) re	equest the withdrawal of permit parking for:
		and
(Name of Street		(Location)
(Location)	·	
Contact Name:		number:
The name and address of each petitioner must be printed legibly or typewritten. The petitioners must represent 50% of participating households in the affected area. For each multi-family dwelling, the signature of the owner or agent is required. Duplicate this form for additional signatures. For further information, see Chapter 151 of the College Park City Code. Removal of permit parking is considered necessary because:		
NAME	SIGNATURE	ADDRESS

Return completed form to the City Clerk's Office, 4500 Knox Road, College Park, MD 20740, 240-487-3501.